

**VIRGINIA DEPARTMENT OF FORESTRY  
APPLICATION FOR EXEMPTION TO THE 4PM  
BURNING LAW §10.1-1142B**

Applicant Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

County of Proposed Burn: \_\_\_\_\_ Acres: \_\_\_\_\_

Purpose of Proposed Burn (please be specific as to the target species and type of burn):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Virginia Certified Prescribed Burn Manager Name: \_\_\_\_\_ Cert. Number: \_\_\_\_\_

Applicant must attach a copy of the Burn Plan to include the Smoke Management Plan, Location Map and Tract Map. The Burn Plan must be specific for the area to be burned under this application. **Applicant must also attach a statement completely explaining why the burn needs to be accomplished during the exemption period.** This application will be reviewed and evaluated for approval. A copy of the processed application will be returned via US mail or fax.

Applications must be received **prior to February 1** for exemption consideration for this calendar year.

If approved, this exemption is only good for the Certified Prescribed Burn Manager identified on this application and is only valid through the last day of April following the date the exemption is approved. On the day of the prescribed burn, I agree to call the Regional Office of the Virginia Department of Forestry prior to the start of the burn.

I agree to the conditions under which this application is approved and agree that no alteration will be made to the proposed plan once approved for exemption. I understand that I am responsible for the burn, liable to laws pertaining to escaped fires and all parts of §10.1-1105 of the *Code of Virginia*.

APPLICANT NAME (print) \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Attach a copy of the Burn Plan including Smoke Management Plan and Location Map.

Send application to: State Forester, Virginia Department of Forestry, 900 Natural Resources Drive, Suite 800, Charlottesville, Virginia 22903

**Department of Forestry Use Only – Application Review and Evaluation**

Date Application Received: \_\_\_\_\_

☐ **Approved**

Exemption No.: \_\_\_\_\_

☐ **Denied**

Comments: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
NAME (print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REMINDER: Attach Burn Plan, Smoke Management Plan, Location Map, Tract Map and Reason for Exemption